

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADJUDICATED		ADJUDICATED			AD FILED		ADJUDICATED		ADJUDICATED	
	CID	DEP	CID	DEP	CID	DEP		CID	DEP	CID	DEP	CID	DEP
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						